

# Supplemental Type Certificate

*Number* SA09335AC-D

*This Certificate issued to*

S-TEC Corporation  
One S-TEC Way  
Mineral Wells Municipal Airport  
Mineral Wells, TX 76067-9236

*certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 23 of the Federal Aviation Regulations.*

*Original Product Type Certificate Number:* A13CE

*Make:* Cessna

*Model:* 177B

*Description of Type Design Change:*

Installation of S-TEC System 30 ALT Altitude Hold System, Model ST-753, according to Bulletin No. 853, dated 1-26-98 and Master Drawing List No. 921069, dated 1-26-98 or later FAA Approved revisions of the above data (28 Volt System).

*Limitations and Conditions:*

1. FAA/DAS Approved Supplemental Flight Manual, P/N 891648, dated 1-30-98 is required for Cessna Model 177B or later FAA Approved revisions of the above supplement.
2. Compatibility of this modification with other previously approved modifications must be determined by the installer.

*This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.*

*Date of application:* 1-28-98

*Date received:*

*Date of issuance:* 1-30-98

*Date amended:*

*By direction of the Administrator*



*William J. Thomas*  
(Signature)

William J. Thomas  
DAS Staff Coordinator, DAS 5 SW  
(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of the Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

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### TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number \_\_\_\_\_

to (Name of transferee) \_\_\_\_\_

(Address of transferee) \_\_\_\_\_

(Number and street)

\_\_\_\_\_  
(City, State, and ZIP code)

from (Name of grantor) (Print or type) \_\_\_\_\_

(Address of grantor) \_\_\_\_\_

(Number & street)

\_\_\_\_\_  
(City, State, and ZIP code)

Extent of Authority (if licensing agreement): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Signature of grantor (In ink): \_\_\_\_\_